

Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Arthur John Andrews

Died at *Mr Groom* Town *Corrocan* County

MARYLAND

Date of death *1900* Month *March* Day *21* Age *39* Years Months *5* Days *18*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Farmer* Where Residing if not at place of death *Mr Groom*

Married, Single or Widowed *Married* Name of Wife or Husband *Kate Insler*

Father's Name *Stephen Andrews* Father's Birthplace *Md*

Mother's Maiden Name *Margaret Andrews* Mother's Birthplace *Md*

Name of person giving Information *Kate Andrews* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

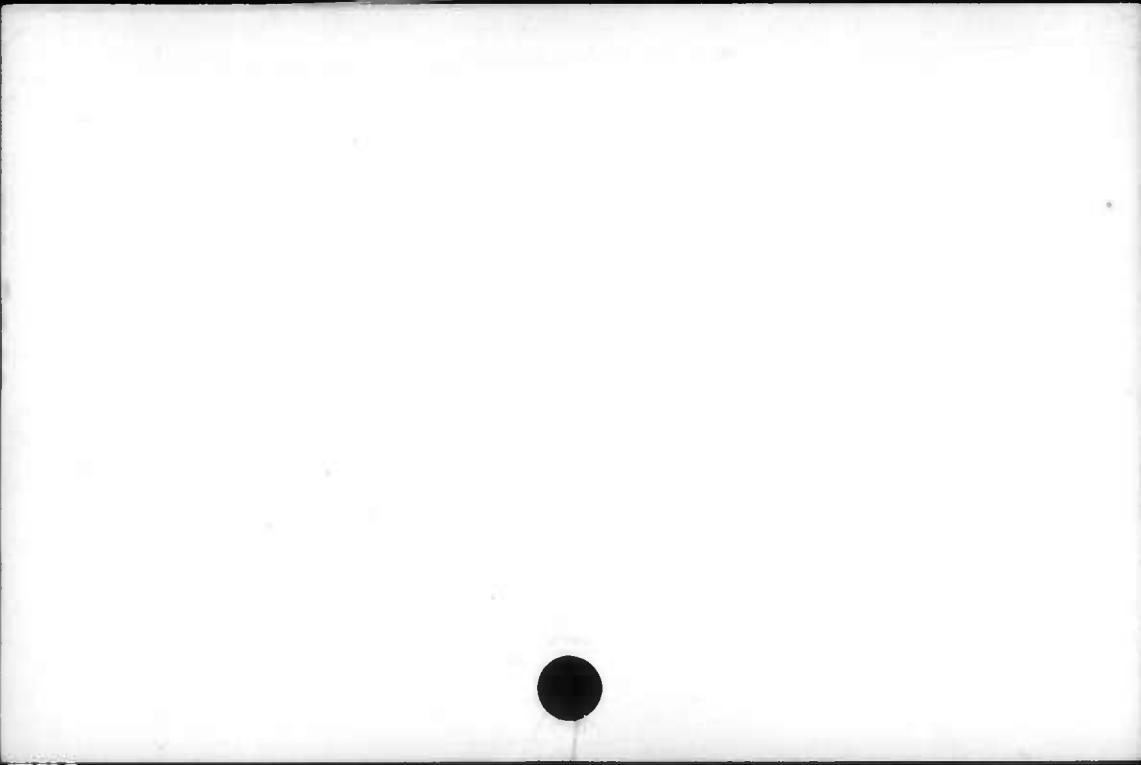
Primary *Paralysis* How long *4 hours*

Immediate *Heart failure* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Raymond D. Prince* Address *Preston, Md.*

Accident or Suicide



Name
in
Full

Storrey Edwards Bridgeman

CERTIFICATE OF DEATH

Died at

Preston

Town

Woodmen

County

MARYLAND

Date
of death

1960

Month

March

Day

18

Age

Years

27

Months

7

Days

10

Sex

Male

Color or
Race

White

Birth-
place

Mo

Occupation

Farm Lab

Where Residing if not
at place of death

Preston

Married, Single
or Widowed

Single

Name of Wife or
Husband

Not Any

Father's
Name

John Bridgeman

Father's
Birthplace

Ny

Mother's
Maiden Name

Mary Schroeder

Mother's
Birthplace

Pa

Name of person giving
Information

John Bridgeman

How related
to deceased

Father

CAUSES OF DEATH

Primary

Miscellaneous, Labor Pneumonia

How long

10 days - 7 days

Immediate

Stroke

How long

7

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

J. Raymond Downer
Preston

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in Full

Sarah J. Clouse -

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Greenmans

Carroll

Date

of death

1940

Month

Mar

Day

13.

Years

Age

68

Months

Days

Sex

Female

Color or Race

White

Birth-place

Md,

Occupation

Housewife

Where Residing if not at place of death

Married, Single or Widowed

Widow

Name of Wife or Husband

Andrew Clouse -

Father's Name

Thomas Thomas

Father's Birthplace

Del.

Mother's Maiden Name

Rebecca Glandwing

Mother's Birthplace

Del

Name of person giving Information

John T. Clark

How related to deceased

Son

CAUSES OF DEATH

39

Primary

Cancer of Mouth -

How long

2 1/2 yrs

Immediate

Cancer -

How long

3 days

Are the name, age, sex, color, data and place correctly given above?

Yes -

Signature of Physician

J. R. McAlister

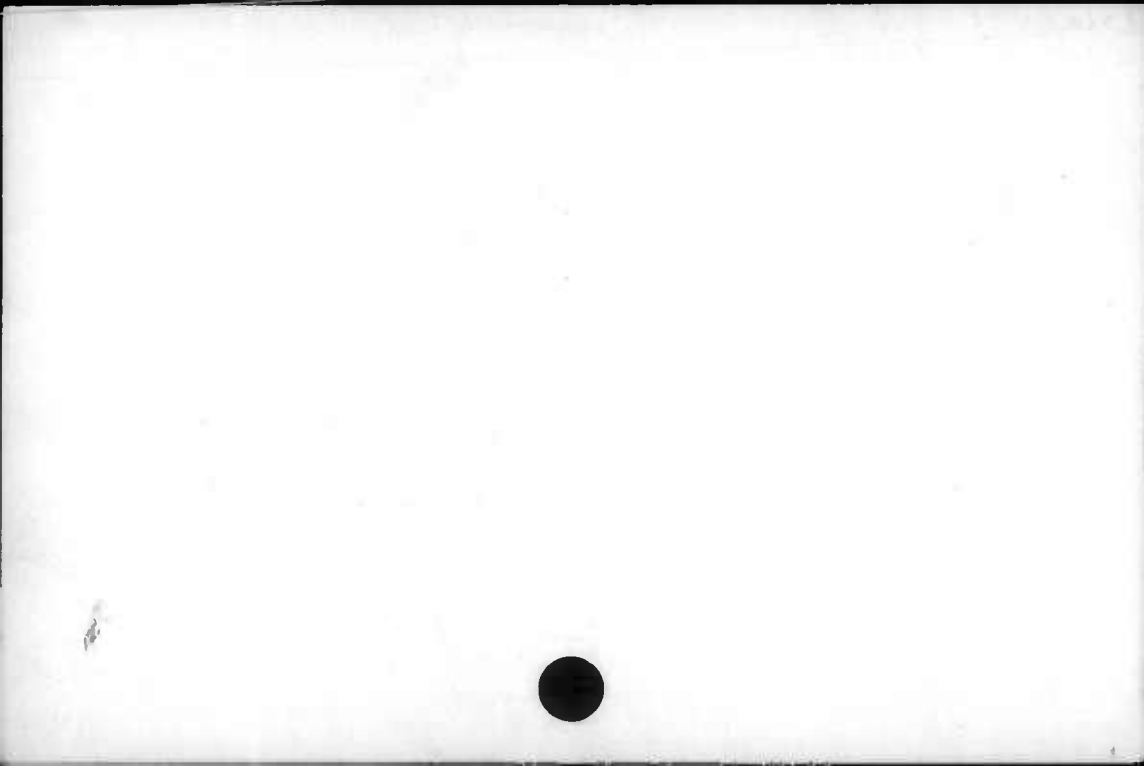
Address

Greenmans

Md,

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Emma Coleman Town Henderson County Caroline MARYLAND

Died at Henderson

Date of death 1940 Month Mar. Day 12 Age 32 Years Months 8 Days 7

Sex Female Color or Race White Birthplace Caroline Co. Md

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Living Coleman

Father's Name Mortimer Coleman Skinner Father's Birthplace Queen Anne's Co. Md

Mother's Maiden Name Elizabeth Reede Mother's Birthplace Queen Anne's Co. Md

Name of person giving Information Nellie Coleman How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

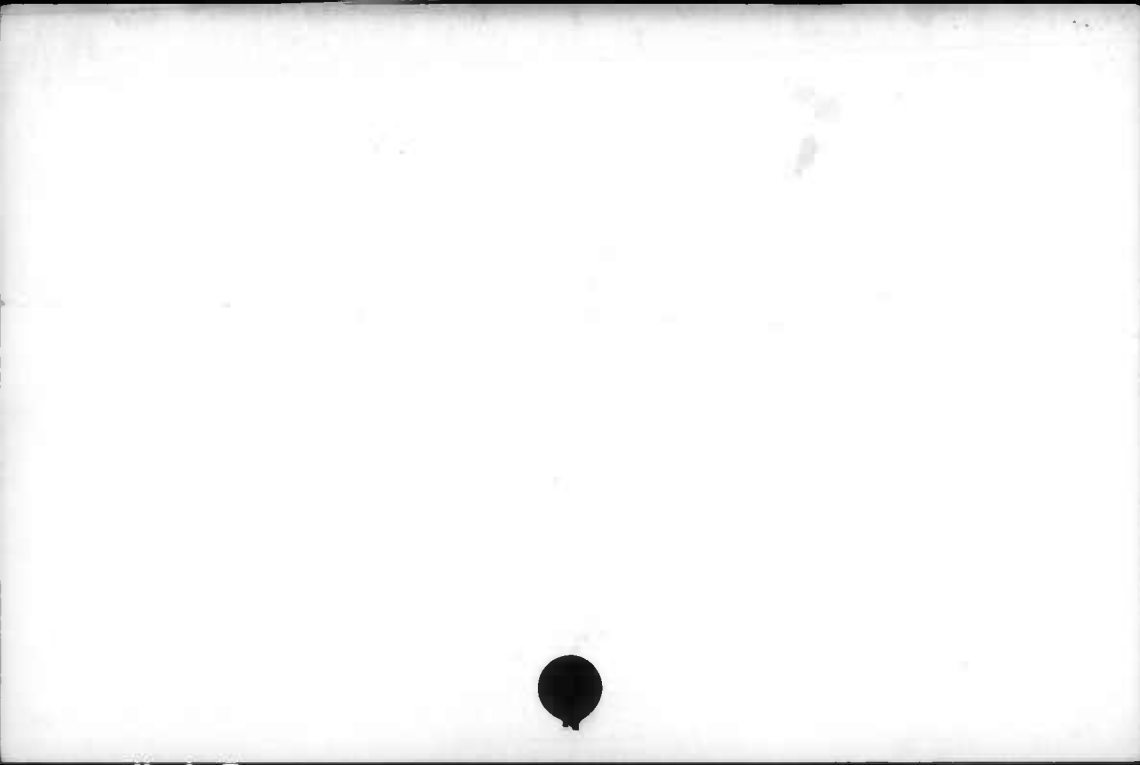
Primary Larcoma How long 1 yr

Immediate Exhaustion How long 12 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Heaven Address Goldston Md

Accident or Suicide



Name
in
Full

Elmer Earl Culver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} American Corner ^{County} Caroline MARYLANDDate of death 1960 ^{Month} March ^{Day} 9 ^{Age} 16 ^{Years} 7 ^{Months} 11 ^{Days}Sex Male ^{Color or Race} white ^{Birth-place} Md.Occupation Farmer ^{Where Residing if not at place of death} At place of deathMarried, Single or Widowed single ^{Name of Wife or Husband}Father's Name Henry Culver ^{Father's Birthplace} Md.Mother's Maiden Name Eliza Sullivan ^{Mother's Birthplace} Md.Name of person giving Information (Giver personal knowledge) ^{How related to deceased}

CAUSES OF DEATH

124 ✓

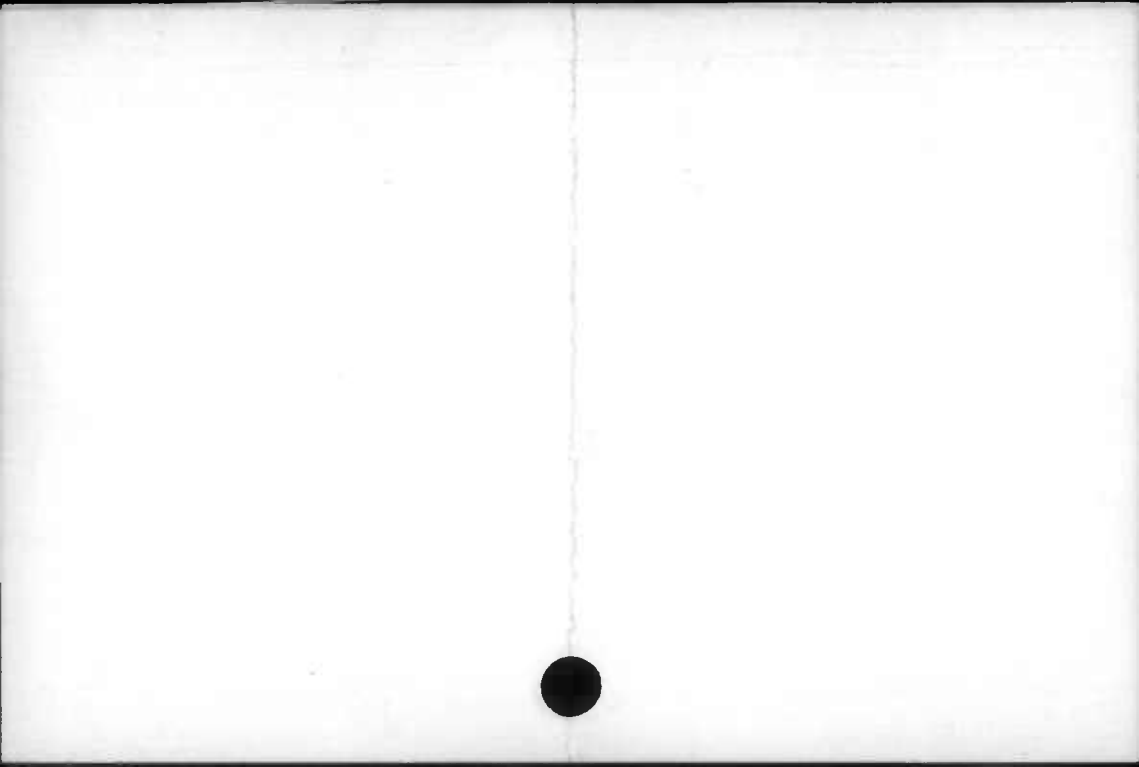
PHYSICIAN
OR CORONERPrimary Vesical Calculi ^{How long} 3 monthsImmediate Uraemia ^{How long} 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician John Subadway

Address Preston, Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Carl Deaw

Died at *near Denton*

County *Caroline*

MARYLAND

Date

of death

1980 March 29

Age

Years

9

Months

Days

Sex

Male

Color
Race

White

Birth-
place

Ind.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Etishay Deaw

Father's
Birthplace

Ind.

Mother's
Maidan Name

Sarah Mc Mullin

Mother's
Birthplace

"

Name of person giving
Information

Philip Gerbrick

How related
to deceased

step father

CAUSES OF DEATH

Primary

weak heart

How long

Don't know

Immediate

Dropsey

How long

2 years

Are the name, age, sex, color, data
and place correctly given above?

Signature of
Physician

G. W. Simmons
Denton Ind.

Address

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Accident or Suicida



Name
in
Full

Eliza R. DeRonda

CERTIFICATE OF DEATH

Town

County

Died at *New Greenboro**Caroline*

MARYLAND

Date

Month

Day

Years

Months

Days

of death *1900**Mar.**10*

Age

*84**2**2*

Sex

*Female*Color or
Race*white*Birth-
place*New York*

Occupation

*Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed*Widowed*Name of Wife or
Husband*Elyah J. DeRonda*Father's
Name*Geo H. Anglen*Father's
Birthplace*N.Y.*Mother's
Maiden Name*Jane Moore*Mother's
Birthplace*N.Y.*Name of person giving
information*J. A. Davis*How related
to deceased*Daughter*

CAUSES OF DEATH

66

Primary

Hemiplegia

How long

2 years

Immediate

Uræmia

How long

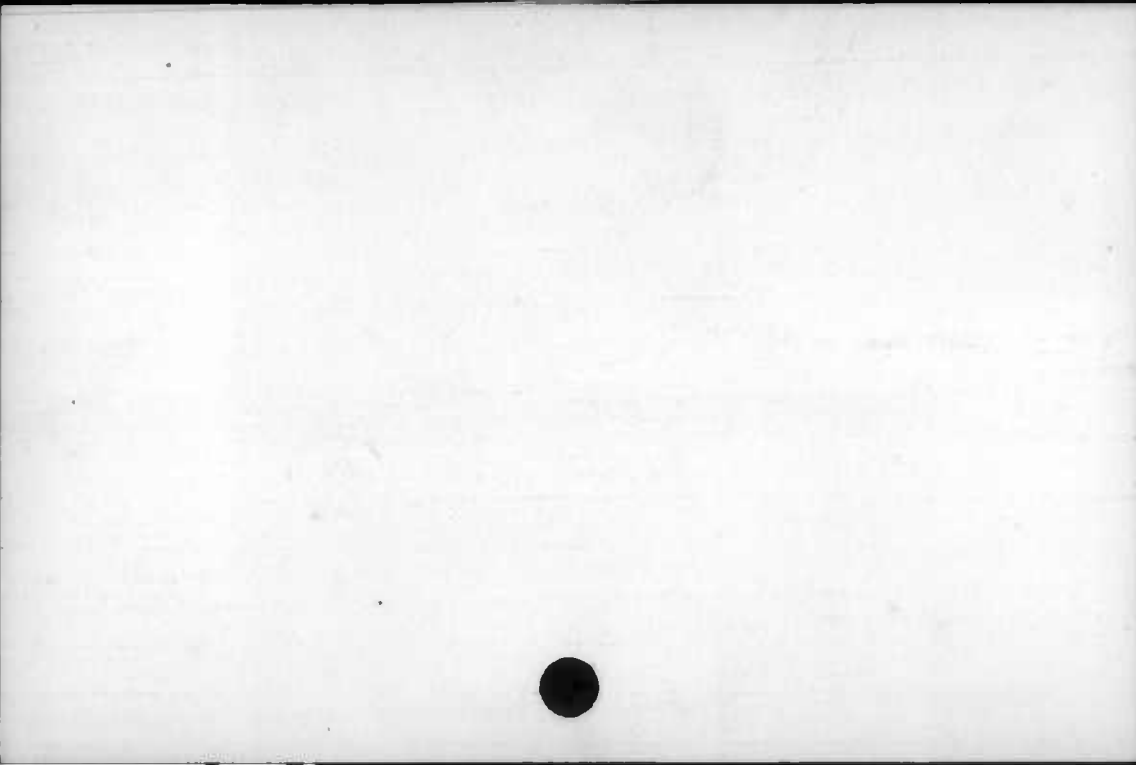
*2 weeks*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Dr. R. H. Malone*

Address

Greenboro

Accident or Suicide?

*No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

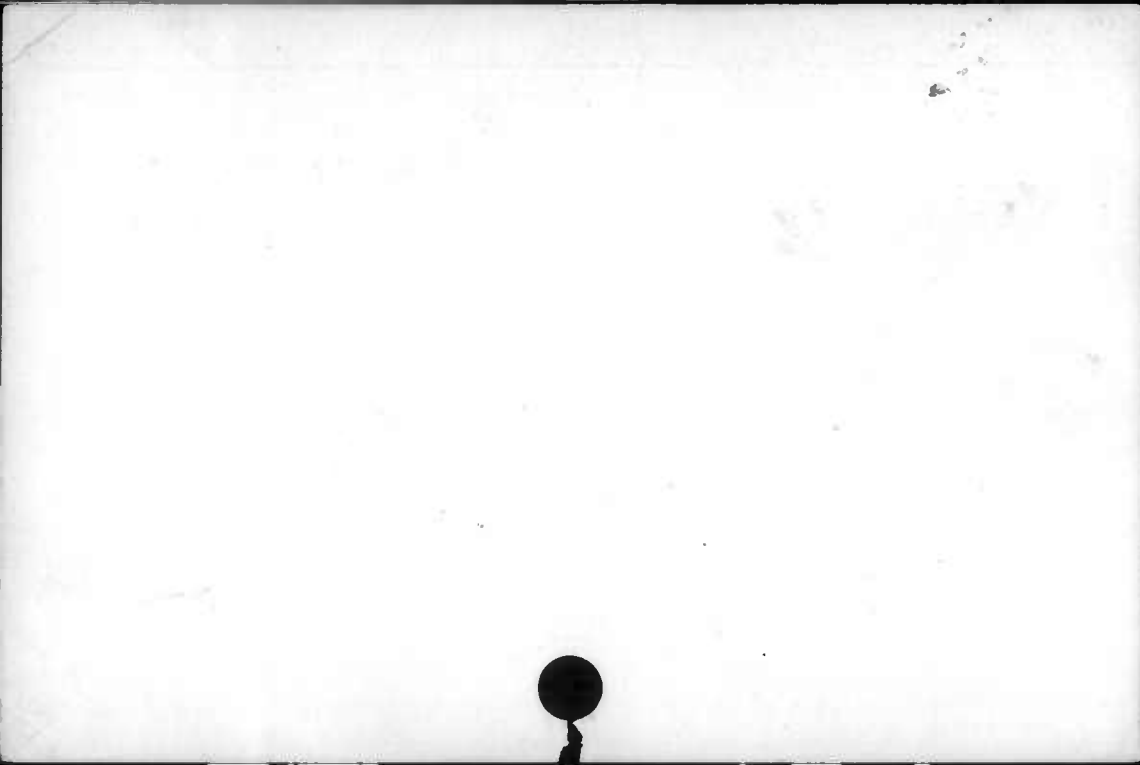
Name <i>John Evetts</i>		Town <i>Greenboro</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Greenboro</i>		Month <i>Mar.</i>		Day <i>17</i>		Age <i>82</i>	
Date of death <i>1960</i>		Years <i>11</i>		Months <i>11</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Greenboro Ind</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Greenboro Ind</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Elizabeth Evetts</i>					
Father's Name <i>Woodward Evetts</i>		Father's Birthplace <i>Del.</i>					
Mother's Maiden Name <i>Sallie Barwick</i>		Mother's Birthplace <i>Del.</i>					
Name of person giving Information <i>Sarah E Jewell</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

10

Primary <i>Grip.</i>	How long <i>2 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>6 Days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. R. Maene</i>
	Address <i>Greenboro Ind.</i>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Preston

County

Caroline

MARYLAND

Date

of death

1900

Month

March

Day

20

Age

Years

—

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Caroline Co Md

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Newyear Foster

Father's
Birthplace

Talbot Co Md

Mother's
Maiden Name

Mary Thomas

Mother's
Birthplace

Dor. Co Md

Name of person giving
Information

Newyear Foster

How related
to deceased

Father

CAUSES OF DEATH

(151)

Primary

Marasmus

How long

4 weeks

Immediate

exhaustion

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J L Lober

Address

*Preston
Md*

Accident or Suicide

PHYSICIAN
OR CORONER

I

22

Name
in
Full

Hoston

CERTIFICATE OF DEATH

Died at near ^{Town} Prinston ^{County} Caroline **MARYLAND**
 Date of death 1908 ^{Month} March ^{Day} 11 ^{Years} — ^{Months} — ^{Days} 21
 Sex Female Color or Race Black Birth-place Prinston Md
 Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Newyear Hoston

Father's Birthplace Talbot Cr Md

Mother's Maiden Name Mary Thomas

Mother's Birthplace Dorchester Cr Md

Name of person giving Information Newyear Hoston

How related to deceased Father

CAUSES OF DEATH

Primary Marasmus

How long 3 Weeks

Immediate Donk Know

How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

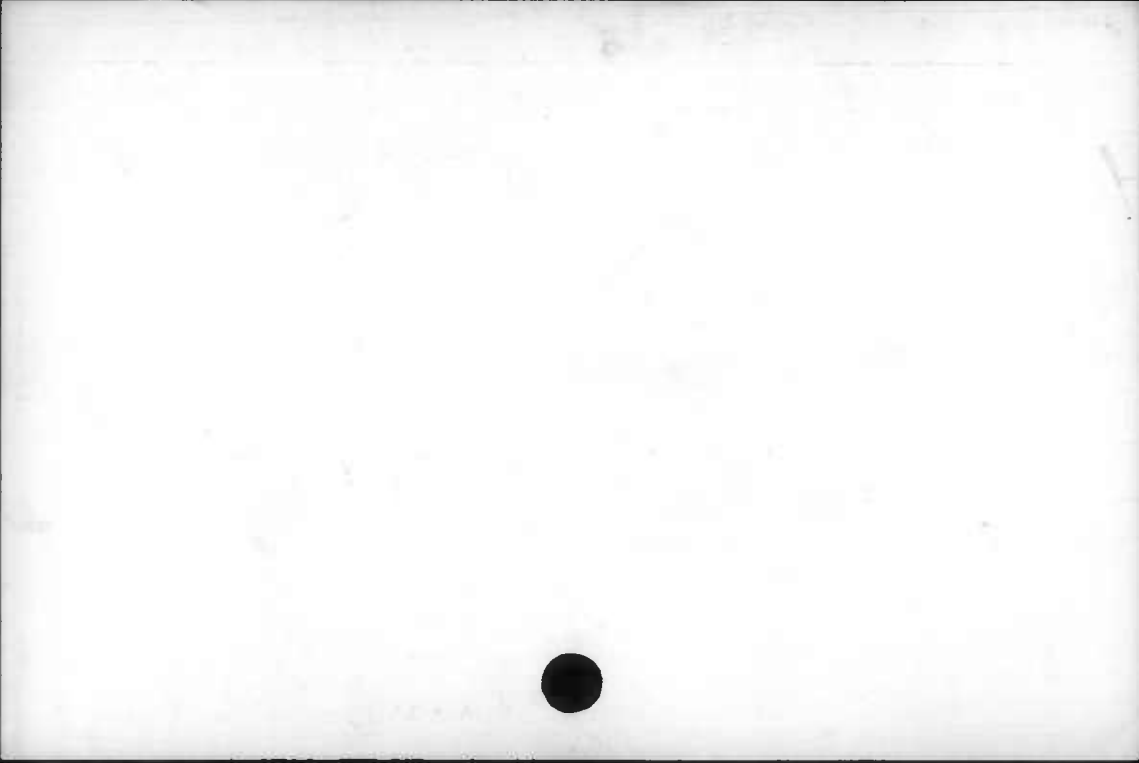
J. L. Votaw
Prinston Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H



Name
in
Full

Peter Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

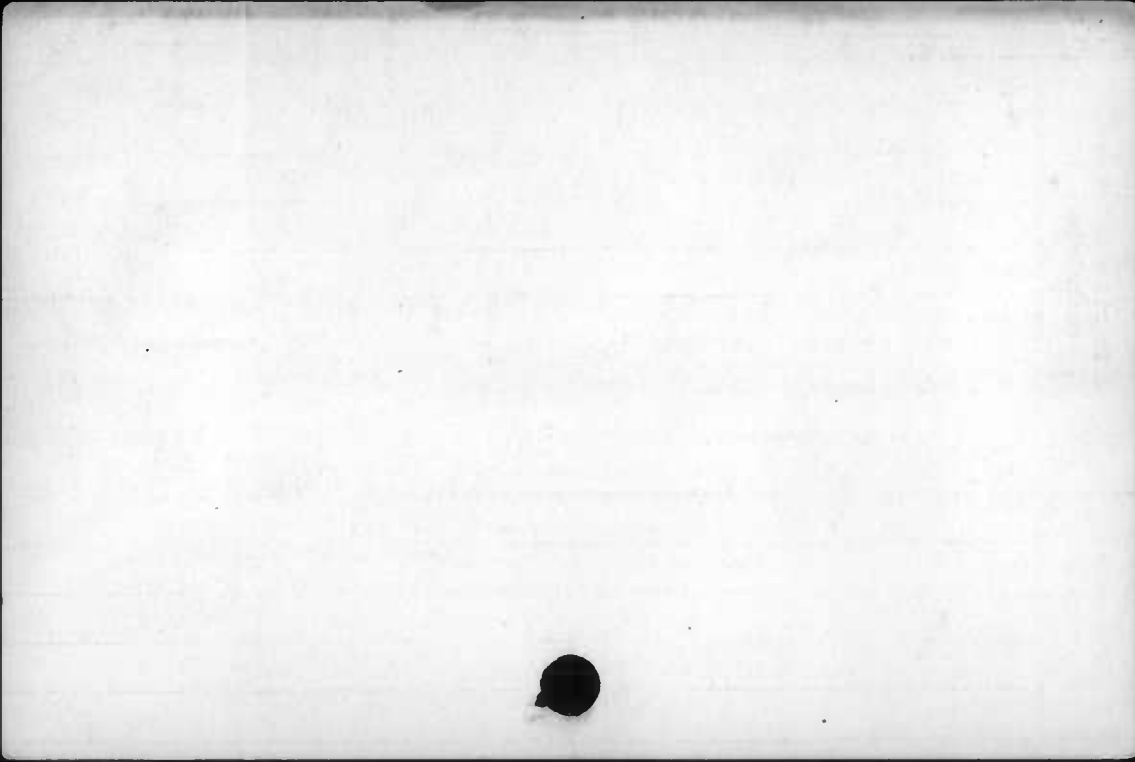
Died at <u>near Greensboro</u>		County <u>Caroline</u>		MARYLAND	
Date of death <u>1900</u>	Month <u>3</u>	Day <u>10</u>	Age <u>71</u>	Years	Months
Sex <u>Male</u>	Color or Race <u>Blanc</u>	Birth-place <u>Maryland</u>			
Occupation <u>Labors</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>none Rebecca Gross</u>				
Father's Name <u>Peter Gross</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>don't know</u>	Mother's Birthplace <u>don't know</u>				
Name of person giving information <u>Charles Gould</u>	How related to deceased <u>Son in Law</u>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <u>Blood Clot (Cerebral)</u>	How long <u>3 Days -</u>
Immediate <u>Paralysis</u>	How long <u>2 Days -</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D. R. McAlister</u>
	Address <u>Greensboro</u>
Accident or Suicide?	<u>No</u>



Name
in
Full

Emily W. Mc-Bride.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

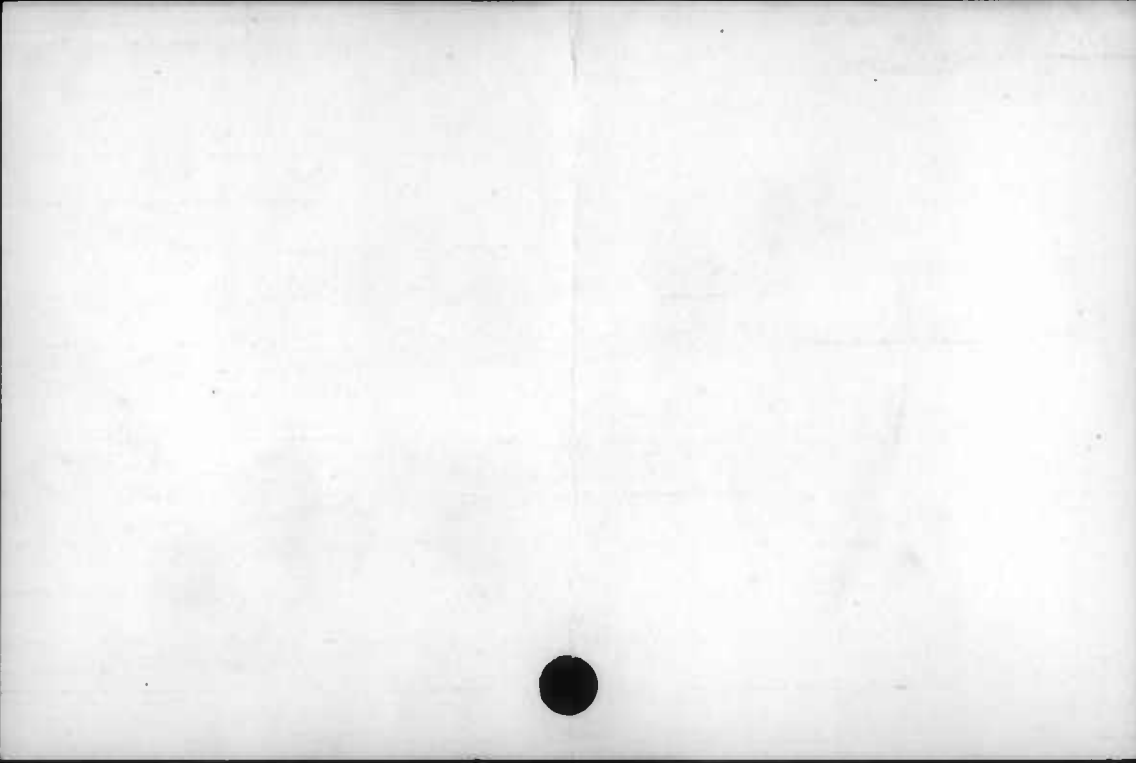
Died at Federalburg ^{Town}		Caroline ^{County}		MARYLAND	
Date of death 1900	Month Mar.	Day 26	Age 80	Months —	Days 3
Sex Female	Color or Race White		Birth-place Caroline Co. Md.		
Occupation None			Where Residing if not at place of death —		
Married, Single or Widowed Widowed		Name of Wife or Husband Joseph C. Mc-Bride, dec'd.			
Father's Name Nathan Todd.			Father's Birthplace Sussex Co. Del.		
Mother's Maiden Name (Unknown) Wilson			Mother's Birthplace (Unknown)		
Name of person giving information John Todd.			How related to deceased Nephew.		

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary	Chronic Gastritis	How long several years
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician R. H. Jefferson
		Address Federalburg Md
Accident or Suicide? —		



Name
in
Full

CERTIFICATE OF DEATH

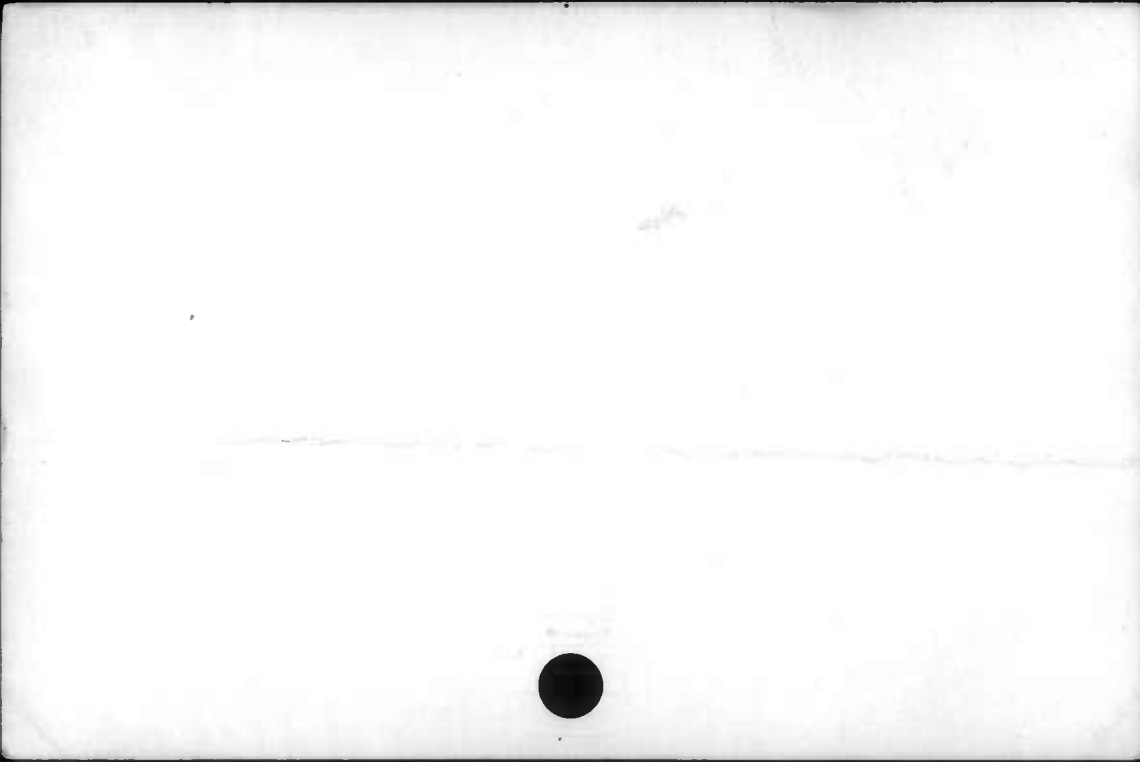
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Henry D. Marvel</i>		Town <i>Goldsboro</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Goldsboro</i>		Month <i>March</i>		Day <i>17</i>		Years <i>72</i>	
Date of death <i>1910</i>		Month <i>March</i>		Day <i>17</i>		Years <i>72</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Kent. Co. Del.</i>		Months <i>11</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death		Days <i>23</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah. A. Marvel</i>		Father's Birthplace <i>Kent. Co. Del.</i>			
Father's Name <i>Philip Marvel</i>		Mother's Maiden Name <i>Reynolds</i>		Mother's Birthplace <i>Kent. Co. Del.</i>			
Name of person giving Information <i>David H. Marvel</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

Primary <i>Nephritis</i>	How long <i>120</i>
Immediate <i>Uremic Poisoning</i>	How long <i>2 yrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Heaven</i>
	Address <i>Goldsboro. Md.</i>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Raymond Lee Myster		Town Neosho		County Cosum		Died at Neosho		MARYLAND	
Date of death 1980		Month March		Day 13		Age —		Months —	
Sex Male		Color or Race White		Birth-place Mo		Occupation Not Any		Where Residing if not at place of death As above	
Married, Single or Widowed Single		Name of Wife or Husband Not Any		Father's Name Louis Myster		Father's Birthplace Mo		Mother's Maiden Name Ethel Orr	
Name of person giving Information Leta Orr		Mother's Birthplace Indiana		How related to deceased Grandfather					

CAUSES OF DEATH

Primary

Struck by train

How long

15/**11 days**

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

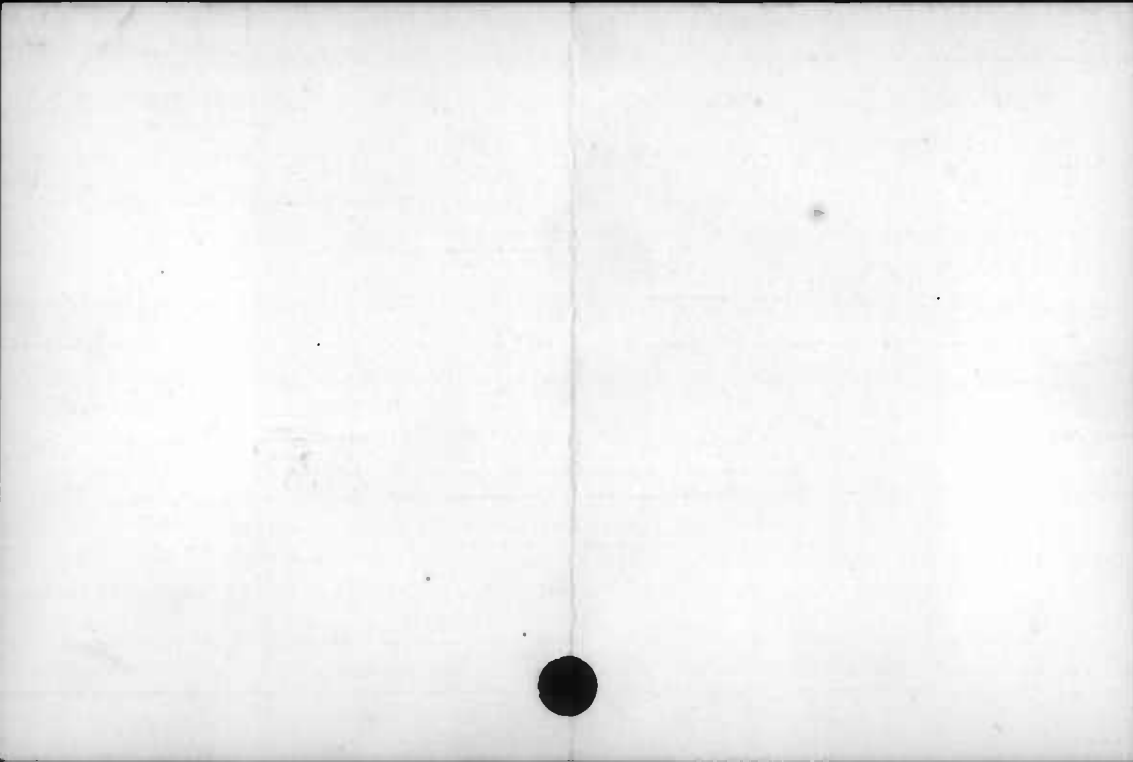
Raymond Dorman
Preslow

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full		Alexine P. Mowbray.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Federalburg ^{Town}		Caroline ^{County}		MARYLAND
	Date of death	1900	Month	Mar.	Day	21	Age
	Sex		Female		Color or Race		White
	Occupation		Worked in Shirt Factory		Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		William Mowbray.		Father's Birthplace		Florence Co. Ind.
	Mother's Maiden Name		Harriett Conaway.		Mother's Birthplace		" " "
	Name of person giving information		Frank Mowbray.		How related to deceased		Brother.
CAUSES OF DEATH							79 ✓
PHYSICIAN OR CORONER	Primary		Heart Disease		How long		unknown
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		R. K. Jefferson
					Address		Federalburg Md
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lawrence C Perry

Died at ^{Town} Near Preston ^{County} Carroll Maryland
Date of death 1960 Month March Day 11 Age Years 6 Months 6 Days 14

Sex Male Color or Race White Birth-place Md

Occupation Not Any Where Residing If not at place of death as above

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name L. C. Perry Father's Birthplace Md

Mother's Maiden Name Emma P. Perry Mother's Birthplace Md

Name of person giving Information L. C. Perry How related to decedent Father

CAUSES OF DEATH

Primary Measles How long 10 days

Immediate Probably Pneumonia How long 5

Are the name, age, sex, color, date and place correctly given above? Signature of Physician Raymond Dornes

Address Preston

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Lillie V. Prattis.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Near Federalsburg,		County Caroline		MARYLAND	
Date of death	1910	Month Mar.	Day 11	Age 29	Years	Months 5	Days
Sex	Female		Color or Race	Mulatto		Birth- place	Phila. Pa.
Occupation	House-Maid.		Where Residing if not at place of death		New York City.		
Married, Single or Widowed	Married		Name of Wife or Husband		Tilghman D. Prattis.		
Father's Name	Wriston Jenkins.		Father's Birthplace		Dorchester Co. Md.		
Mother's Maiden Name	Martha Collins.		Mother's Birthplace		Caroline Co. Md.		
Name of person giving Information	Tilghman D. Prattis.		How related to deceased		Husband.		

CAUSES OF DEATH

Primary	Phthisis Pulmonalis	How long	6 mos
Immediate	Exhaustion	How long	1 Week.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	F. J. Brooks.
		Address	Federalsburg Md.
Accident or Suicida			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph Satterfield
 Died at *Denton* Town *Caroline* County
 State *MARYLAND*
 Date of death *1900* Month *March* Day *17* Age *—* Years *20* Months *—* Days *—*
 Sex *Male* Color or Race *Colored* Birth-place *Denton*
 Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*
 Father's Name *Henry H. H. H.* Father's Birthplace *Ind.*
 Mother's Maiden Name *Mary Satterfield* Mother's Birthplace *"*
 Name of person giving Information *Mary Satterfield* How related to deceased *Mother*

CAUSES OF DEATH

(9) ✓

Primary *—* How long *—*
 Immediate *Croup* How long *10 hours.*
 Are the name, age, sex, color, date and place correctly given above *yes* Signature of Physician *W. W. Simment*
 Address *Denton Ind.*
 Accident or Suicide *I did not see the case*

PHYSICIAN
OR CORONER

J. C. S.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

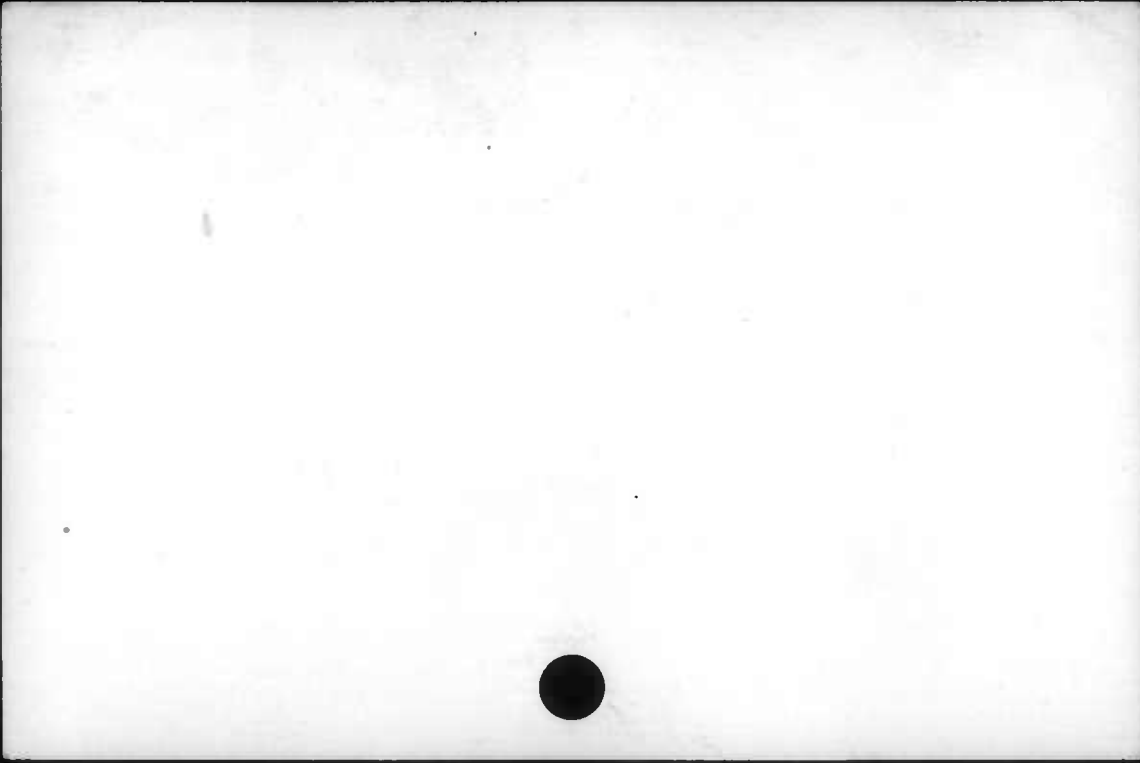
Name *John Wesley Smith* Town *Ridgely* County *Caroline* MARYLAND
Died at
Date of death 190 *7* Month *3* Day *11* Age *40* Months *—* Days *—*
Sex *Male* Color or Race *Caroline* Birth-place *Caroline Co*
Occupation *Laborer* Where Residing if not at place of death *Ridgely*
Married, Single or Widowed *Married* Name of Wife or Husband *Mrs Smith*
Father's Name *Joseph Smith* Father's Birthplace *Darton*
Mother's Maiden Name *Mary Eaton* Mother's Birthplace *Caroline Co*
Name of person giving Information *Joseph Smith* How related to deceased *Father*

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary *Consumption* How long *Two years*
Immediate
Are the name, age, sex, color, date and place correctly given above?
Signature of Physician *H. Wilkinson* Address *Ridgely Md* *Caroline*
Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Robt M Thomas*
Town *Wentz* County *Caroline*

MARYLAND

Died at
Date of death *1980* Month *3* Day *10* Age *35* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *Maryland*
Occupation *Waiter* Where Residing if not at place of death *Arlene Ave*

Married, Single or Widowed *Single* Name of Wife or Husband *Not married*

Father's Name *Harold B. Carter* Father's Birthplace *Ind.*

Mother's Maiden Name *Martha Thomas* Mother's Birthplace *"*

Name of person giving Information *Martha Thomas* How related to deceased *Mother*

CAUSES OF DEATH

(27)

Primary *Pulmonary Tuberculosis* How long *One year*
Immediate *Exhaustion* How long *Spent time*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. George L. [Signature]
Arlene Ave
Ind.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Elizabeth Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Horton* County *Caroline* **MARYLAND**

Died at *Horton*

Date of death 19*60* Month *3* Day *10* Age *78* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Hort. know*

Occupation *Housewife* Where Residing if not at place of death *Same*

Married, Single or Widowed *Widow* Name of Wife or Husband *Hort. know*

Father's Name *Hort. know* Father's Birthplace *Hort. know*

Mother's Maiden Name *Hort. know* Mother's Birthplace *Hort. know*

Name of person giving Information *Alfred Hamilton* How related to deceased *not related*

CAUSES OF DEATH

79 ✓

PHYSICIAN
OR CORONER

Primary *Heart Disease* How long *Several weeks*

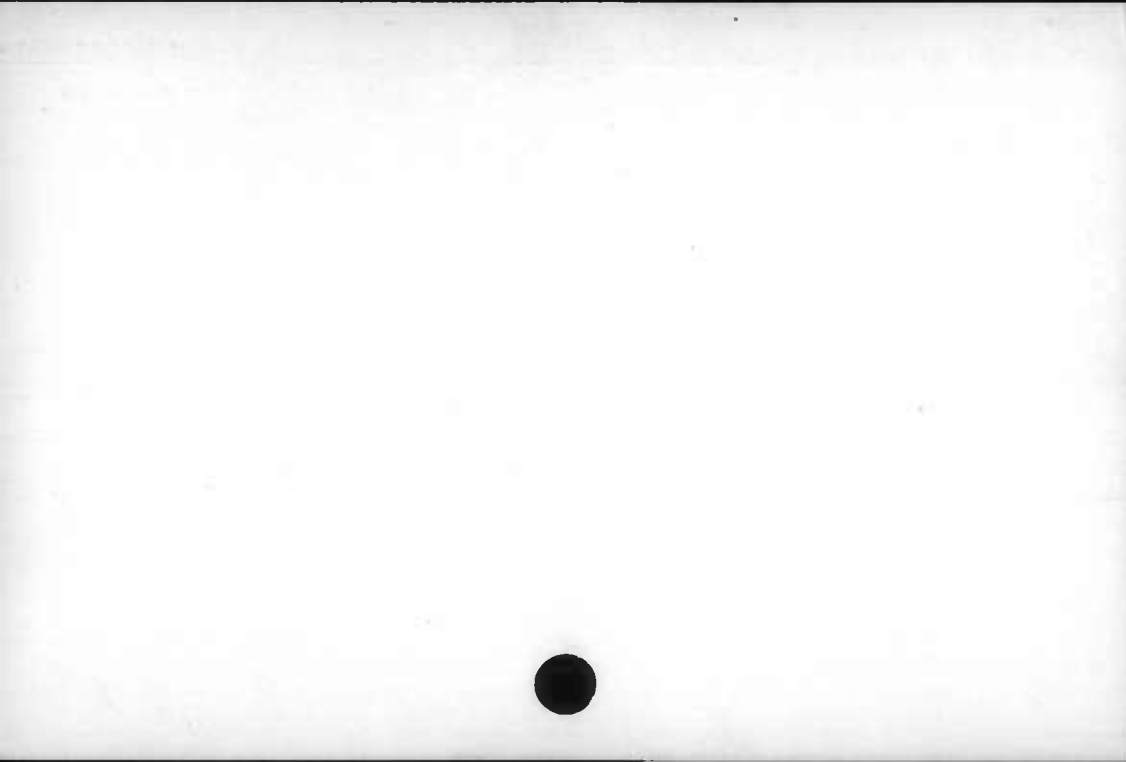
Immediate *same* How long *Two days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *P.R. Fisher*

Address *Horton*

Accident or Suicide *No* *Yes*



Name
in Full

Mary Anne Webb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

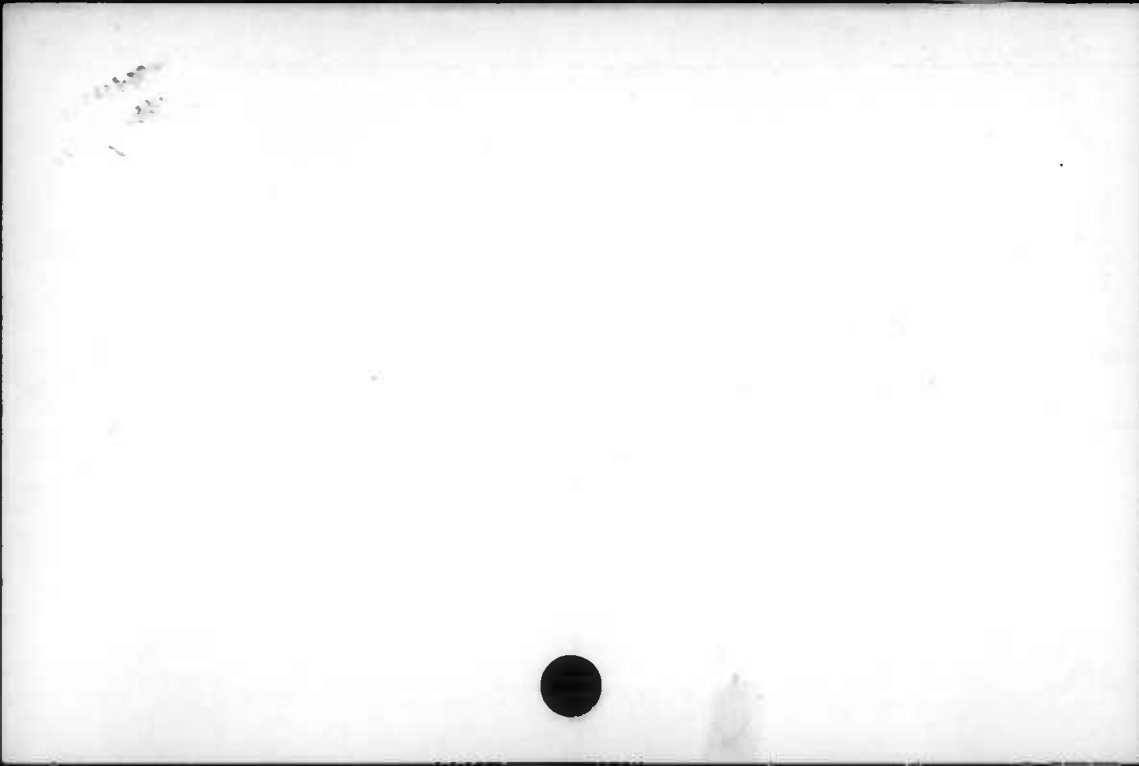
Died at <u>near</u> ^{Town} <u>Preston</u> ^{County} <u>Caroline</u>		MARYLAND	
Date of death <u>1900</u> ^{Month} <u>March</u> ^{Day} <u>1</u>	Age <u>61</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Talbot Co Md</u>	
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>Joseph Cory Webb</u>		
Father's Name <u>Peter Simpson</u>	Father's Birthplace <u>Talbot Co Md</u>		
Mother's Maiden Name <u>Julia Ann Dunt Keoul</u>	Mother's Birthplace <u>South Korea</u>		
Name of person giving Information <u>Peter Webb</u>	How related to deceased <u>son</u>		

CAUSES OF DEATH

Primary <u>Valvular Disease of Heart</u>	How long <u>6 months</u>
Immediate <u>thrombia</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. L. Tobler</u>
	Address <u>Preston Md</u>
Accident or Suicide	

PHYSICIAN
OR CORONER

79



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H

Elizabeth H Turpin Williams.

CERTIFICATE OF DEATH

Died at ^{Town} Near Federalsburg ^{County} Caroline MARYLAND

Date of death 1900 ^{Month} Mar. ^{Day} 12 ^{Age} 80 ^{Years} ^{Months} 7 ^{Days} 29

Sex Female Color or Race White Birth-place Sussex Co. Del.

Occupation Living with Son. Where Residing if not at place of death _____

Married, Single or Widowed Widow Name of Wife or Husband John Williams, dec'd.

Father's Name Greenbury Allen Father's Birthplace Sussex Co. Del.

Mother's Maiden Name Nancy Banning. Mother's Birthplace " " "

Name of person giving Information Edward Williams. How related to deceased Son.

CAUSES OF DEATH

40

✓

Primary

Cancer Liver

How long

One year

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

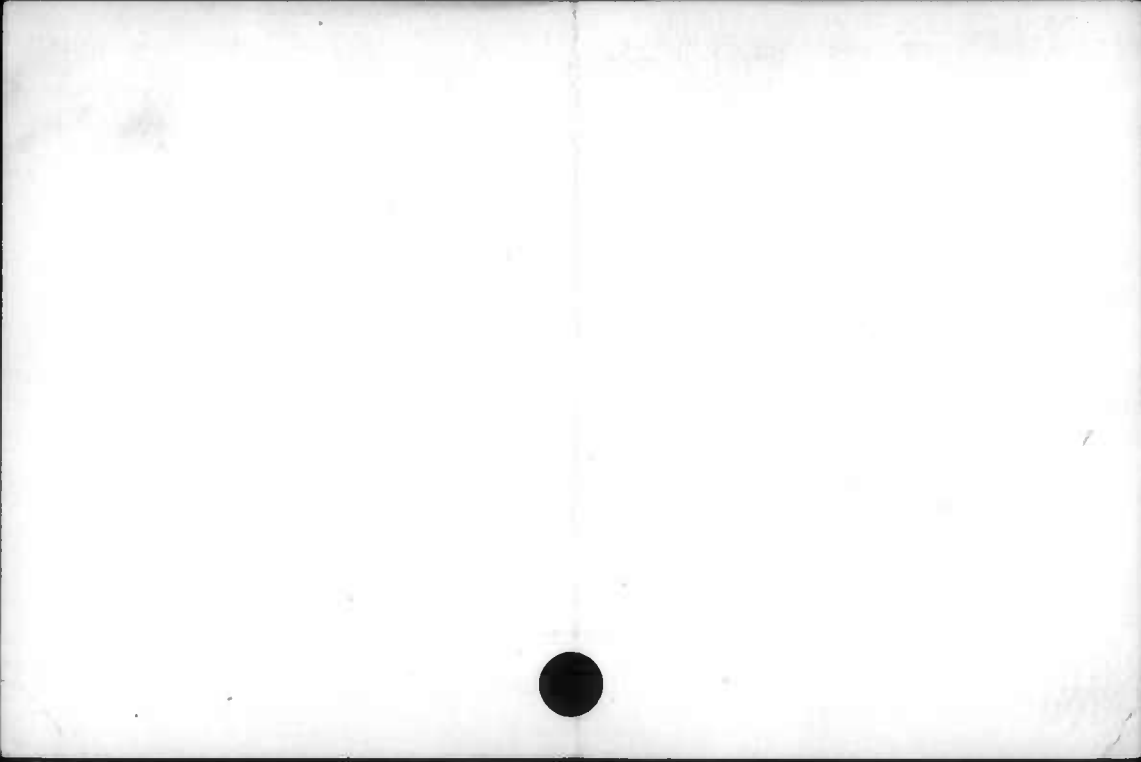
yes

Signature of Physician

Address

R Kemp Jefferson
Federalsburg
md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Henry W. Niles* Town *Ridgely* County *Caroline*
Died at *near* *MARYLAND*
Date of death *1990* Month *mar* Day *23* Age *55* Years Months Days
Sex *Male* Color or Race *negro* Birthplace *Virginia*
Occupation *farmer* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *Harriet Emily Niles*
Father's Name *Don't know* Father's Birthplace
Mother's Maiden Name *John W. Niles* Mother's Birthplace
Name of person giving Information *John W. Niles* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Grippe* *10* How long *2 weeks*
Immediate *Pneumonia* How long *2 days*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *D. A. Storie*
Address *Ridgely*
Accident or Suicide *No*



Name
in
Full

Wm Minner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

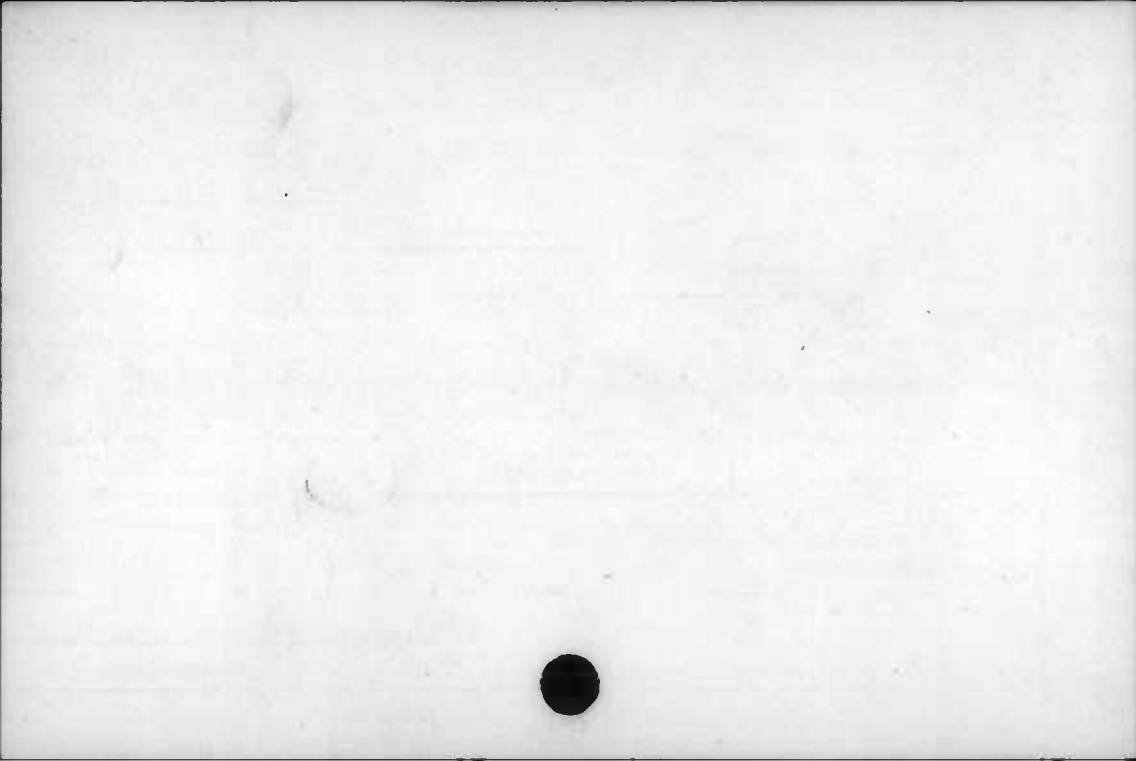
Died at		Town Gunsboro		County Caroline		MARYLAND	
Date of death	1940	Month May	Day 7	Age 70	Years	Months	Days
Sex	Male		Color or Race	White		Birth- place	Del.
Occupation	Salver			Where Residing if not at place of death		Gunsboro -	
Married, Single or Widowed	Widow		Name of Wife or Husband		Wife was Annie E. Sipple		
Father's Name	Thos Minner					Father's Birthplace	Del.
Mother's Maiden Name	don't know					Mother's Birthplace	Del.
Name of person giving In formation	Nathaniel Minner					How related to deceased	Son

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Grip	How long	3 weeks.
Immediate	Pneumonia	How long	10 days -
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. R. Minner
		Address	Gunsboro
Accident or Suicide?			no.



Name
in
Full

Fredrick F. Wright

CERTIFICATE OF DEATH

Town

Seachuck Station

County

Caroline

MARYLAND

Died at

Date

of death

19*40* *March*

Month

Day

22

Age

Years

20

Months

6

Days

Sex

male

Color or
Race

White

Birth-
place

Maryland

Occupation

Station Agent

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Jas. E. Wright

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary E. Cooper

Mother's
Birthplace

Id

Name of person giving
Information

Jas. E. Wright

How related
to deceased

Father

CAUSES OF DEATH

Primary

*Burned to death in a
fire at Seachuck Station*

How long

165

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Henry F. Jenkins
Coroner

Address

Ridgely Md

Accident or Suicide

accident

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Jane Wright.*

Town *Denton* County *Caroline* MARYLAND

Died at *Denton*

Date of death 19*80* Month *3* Day *3* Age *79* Years Months Days

Sex *Female* Color or Race *White* Birth-place *MD*

Occupation *Housewife* Where Residing if not at place of death *Same*

Married, Single or Widowed *Widow* Name of Wife or Husband *John H Wright*

Father's Name *Not known* Father's Birthplace *MD.*

Mother's Maiden Name *Not known* Mother's Birthplace *Not known*

Names of person giving Information *L. S. Huttie* How related to deceased *Not related*

CAUSES OF DEATH

79 ✓

PHYSICIAN
OR CORONER

Primary *Heart Disease* How long *One year*

Immediate *Same* How long *Same*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *P R F. White*

Address *Denton MD*

Accident or Suicide *No*

